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## HOSPITAL SOCIAL SERVICE

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The medical profession of today aims to practice preventive rather than curative medicine, by this I mean the education of the masses in the principles of right living, thus preventing the original illness as well as a recurrence of the same. Now to accomplish this, it is necessary to have the right sort of people as educators in order to teach correctly this gospel of health. There are many groups of these educators, both independent and connected with hospitals. It is the hospital group of which I write, in other words, the hospital social service workers, who are needed in all philanthropically inclined institutions. The social service branch is one of the most important and generally useful departments of the hospital.

Hygiene divides the causes of disease into two classes: the direct, which are chemical, mechanical, vital; and the indirect or predisposing, such as age, sex, heredity, race, climate, habits, occupation, and physical environment. Under this last heading are included bad air, impure water, over-crowded, unsanitary housing and industrial working conditions, underfeeding from lack of knowledge in selecting food, and from lack of funds with which to purchase it. Now these are the very conditions which need our close attention and which must be corrected or relieved if we would consider the greatest good to the greatest number. Statisticians from public health departments of large cities state that if these conditions or predisposing causes were corrected, there would be a decrease of at least seventy-five per cent in the number of illnesses in any city. Think what this would mean to the welfare of a community!

There has been growing in the public mind a stronger consciousness and a more positive realization of the fact that the hospital cannot be an isolated unit, working independently in order to perform a certain function of usefulness, namely the care and cure of those who apply for aid. This singleness of purpose or voluntary isolation tends to retard the growth of the institution, and to lessen greatly its general community efficiency. It has become more and more apparent to the medical and nursing professions, as well as to the general public, that the final test of a hospital's efficiency is not only how it handles the cases which it receives into its care, but what impression it makes directly or indirectly upon the whole sum of the sickness and suffering of its community. From this broad social point of view it can, under certain circumstances, be a total failure as to net

results, while at the same time it is very efficient in the details of its immediate work, the care and cure of its patients.

Take, for example, the patient whose illness is due in a large degree to poor housing conditions and improper feeding. The patient receives good care while in the hospital and is discharged as cured, but inasmuch as he is sent back to the same unhealthy conditions from whence he came, he returns in a short time to the hospital for the second time, in a much worse physical condition. This is where the hospital falls short of its duty and fails to be a real and lasting service to society: it should not only cure but preserve the health which it has given back to the individual. This is where the hospital social service worker is invaluable to the hospital, as well as to the community, for as soon as the patient arrives at the hospital she secures his history, social as well as clinical, and then visits his home, finding the above conditions existing. These she tries to correct, so that when the patient leaves the hospital he may return to a healthy home. She does not forsake him now, but continues her visits at regular intervals, cheering the period of convalescence.

Again, there is the patient in the hospital who is the mother of a family of small children. It is necessary that the father work, in order to supply their daily bread. The children are left alone, for practically the entire day, except for an occasional visit from a kind-hearted neighbor. The anxiety and worry which the knowledge of these home conditions cause the mother, not alone prolong the period of convalescence, but the recovery is not as complete as it would have been had her mental attitude been satisfactory. Once more the hospital social service worker comes to our rescue. While securing the history, she learns of the mother's trouble, visits the home, arranges to have the children well cared for, and reports that the children are well and happy. Then it is that, with almost a happy heart, the mother enters the operating room. At frequent intervals the nurse visits the children, assuring the mother of their good health, thus keeping her happy and contented.

There is still another group needing the social service worker's help. It is a family in the out-patient department. The wife is ill and in need of surgical attention and hospital care; the husband is out of work; there are several small children and no money, even for food. Now let us see what the social service worker will do with the situation. First, she will arrange with the hospital to care for the wife, render temporary financial aid, find work for the father, place the children in a home, or arrange with a neighbor to care for them.

It is in the out-patient department that the hospital social service worker is most needed, because here she comes in contact with

wretched poverty, the half sick and ailing people of any community, then, too, there are the underfed and more often improperly-fed infants. Here the follow-up work is of untold benefit, the poverty can be relieved, the half-sick and ailing restored to health, work found for them, and the infants well and properly fed.

To sum up the functions and duties of a hospital social service worker, one would say they are of a four-fold nature: first, to prevent the original illness by education; second, to prevent the infection of the other members of the family by protection, education, and removal of the cause; third, to do the follow-up work and bring about the rehabilitation of those discharged hospital patients; and fourth, the investigation and follow-up work of the patients in the out-patient department.

A follow-up system transforms an out-patient department in which patients are seen as material, to a place in which serious effort is made to secure the patient's cure. Without a follow-up system, the purpose of the institution is merely the temporary aid of the patient and the furnishing of clinical material for physicians and medical students. The principle of the follow-up system is that the patient must not discharge himself. His disease, if important enough to treat at all, is important enough to treat well, not merely to be diagnosed and prescribed for. He must be made to understand that the physicians and institution as a whole are interested in him and in his troubles, social or medical.

The true conception of a hospital is not a building, but the work of a devoted group of men and women who happen to be occupying a certain edifice, so also is it with the general community work in preventing and handling sickness, in which work the hospital has its place. It is little or no credit to a community if a small part of its sick are well cared for by a few benevolently-inclined individuals, and the balance grossly neglected, the hospital must fill efficiently its proper place for the good of the community. With this more extended work, that of the hospital is interrelated in countless ways, and the study of making those relations effective is only beginning.

Our next consideration is that of the worker herself. It is generally felt that the hospital social service nurse, I say nurse because the nurse's training is essential as a basis for work along that line, needs all the education that can possibly be acquired in any direction. Also the hospital training gives her a better understanding of what is expected of her in relation to the institution in general and to its nursing personnel.

The social service worker must have good health as a foundation in order to endure the long hours of hard work together with arduous

duties. She must possess an inexhaustible store of patience and a sense of humor. She must possess tact, because the problems vary with each individual or family. She must be sincere, which is one of the most important qualifications required of the worker.

The ideals towards which she strives must be high, while at the same time she must be eminently practical because she must be able to face and capably handle any problems which may arise. Miss Florence Johnson, formerly of Teachers College, says the following concerning the qualifications for the work:

"When I was talking with Miss Wadley about this matter, I said, 'What do you think is really the most important requirement for the work?' and she said, 'To put it in slang form, she must be a good mixer.' I do not think there is any other qualification that is so necessary. Certainly there is not a nurse in public work who meets with more kaleidoscopic rapidity different classes of people."

She goes on to say that she must know how to meet the boards of trustees, the city visiting committee, the health department organization, the superintendent and staff of the hospital, the head nurse, the pupil nurses, and all the employees of the hospital who come to her, as well as the representatives of different organizations, the police board, the court officials, the patients and the patients' friends. She meets different classes of society. She must be all things to all people; she cannot meet part one way and part the other. She must be ready to go from a meeting of the board of directors and attend the wants of some little Italian woman who can hardly understand English, or to the little boy who receives a friendly tap on the back in lieu of any closer intimacy.

It is a most wonderful work, the most wonderful branch of public health nursing that there is, but one cannot go into it with the idea that the hours are not long, and that the work is easy; one must go into it with a love for people; she cannot just treat people as cases. In social service work it is always the individual, the person, that comes into your office. You cannot put him off, you must remember for the time being that that which is in the patient's mind is uppermost, whether it is the illness of a little child, the difficulty of a husband who has been hurt, or of someone who has lost a shoe or hat,—whatever it is, it is supreme to that person at that moment and must be of importance to you. You cannot look upon them all as equally important, but from the point of view of the patient you must seem to care just as much for each one; you cannot show favoritism; you must put yourself in the place of the patient and see things from his point of view.

I hope that all who go into hospital social service nursing will get as much happiness out of it as do those of us who are in it already.